

Fig 1

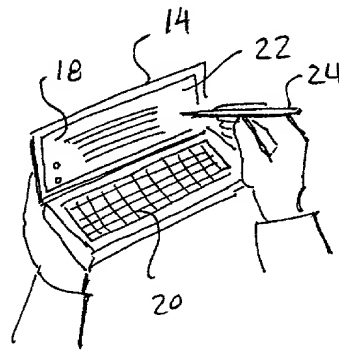


Fig 2

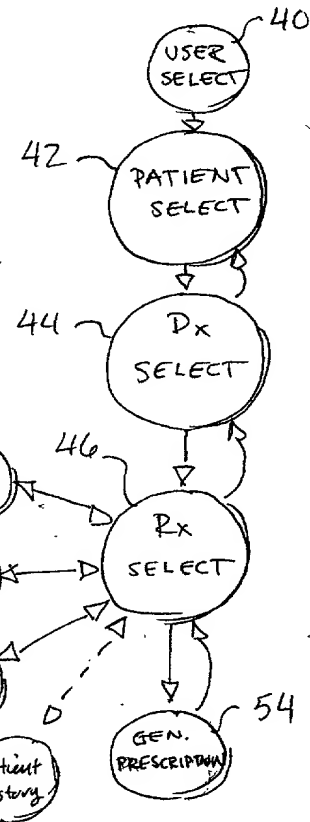


Fig 3

DR	PATIENT	Dx	Rx

Fig 4

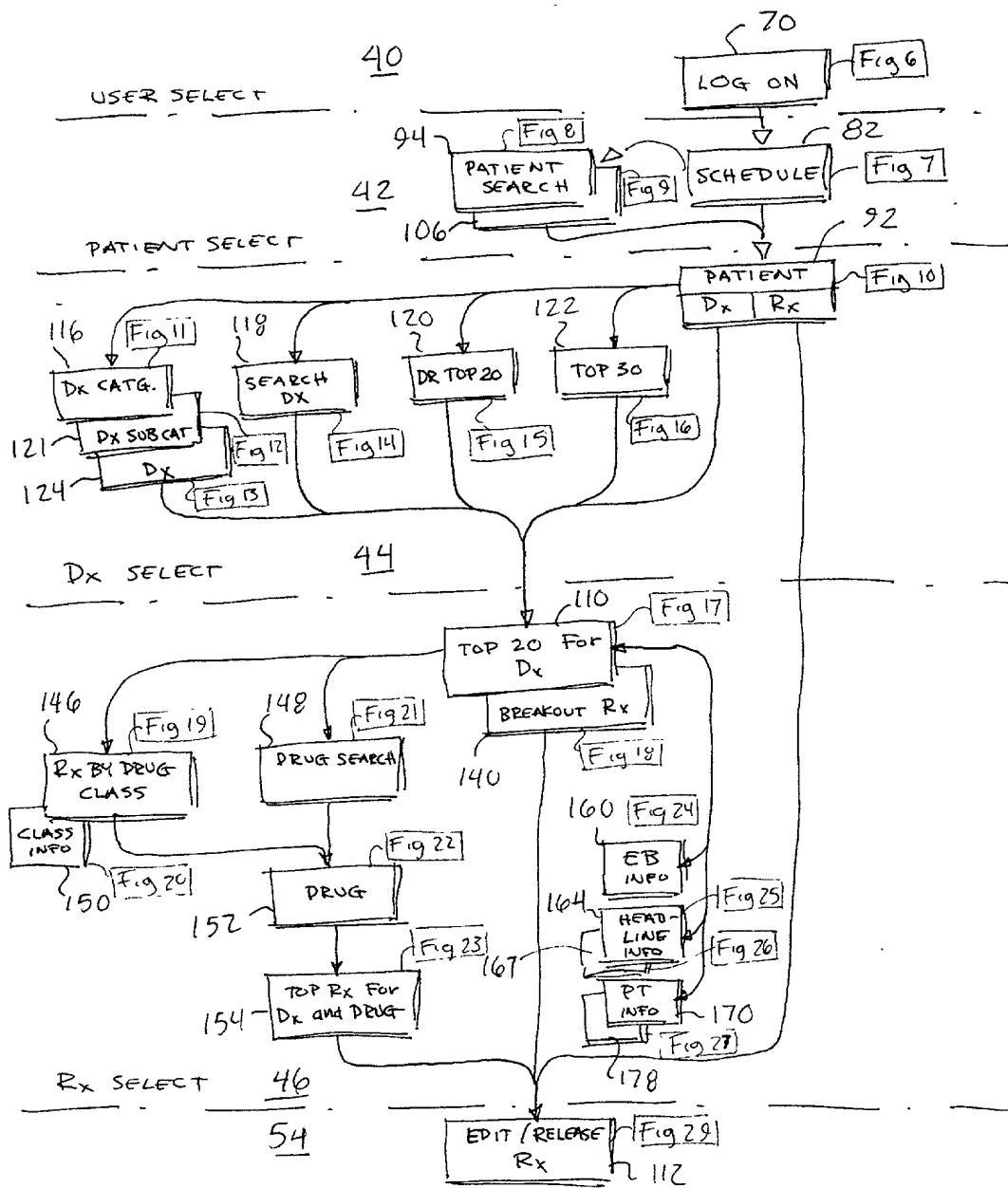


Fig. 5

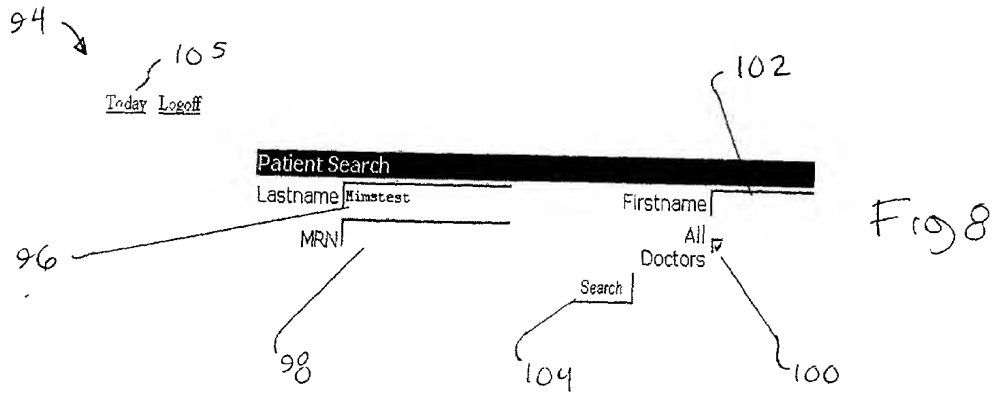
A hand-drawn diagram of a login form. The form contains the following elements:

- Facility:** A dropdown menu with "Welby Medical Group" selected.
- User ID:** A text input field containing "MARCUS WELBY".
- Passwd:** A password input field.
- Location:** A dropdown menu with "Southwest Clinic" selected.
- Logon:** A button.

Handwritten annotations include:

- "password" written above the "Passwd" field.
- "72" with a line pointing to the "Facility" dropdown.
- "78" with a line pointing to the "Passwd" field.
- "76" with a line pointing to the "User ID" field.
- "80" with a line pointing to the "Logon" button.
- "74" with a line pointing to the "Location" dropdown.

09 00	WELLINX, DAVID	13 00	MILLER, ELLEN
09 30	ADAMS, LORRAINE	13 30	JOHNSON, SHARON
10 00	SMITH, PATRICIA	14 00	LEE, KEVIN
10 30	DAVIS, ROGER	15 00	ANDERSON, JAMES
11 00	OLSON, MICHAEL	15 30	JEFFERSON, SCOTT



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Today Pt Search Logoff Back

Patient Search Results

MIMSTEST	ARTHUR	L	200441	F	1947-05-22
MIMSTEST	DAVID	J	200409	M	1947-05-22
MIMSTEST	EUGENE		49718	M	1947-05-22
MIMSTEST	GERALDINE		213815	F	1939-12-21
MIMSTEST	GWEN		187885	F	1999-05-22
MIMSTEST	LAURA	M	249378	F	1994-02-25
MIMSTEST	NETTIE		200647	F	1922-04-06
MIMSTEST	PAMELA	K	15491	F	1919-05-22

8 Patients Found

Today Pt Search Logoff Back

Fig 9

92

113

114

Today Pt Search Logoff Done Add Dx Category/Search/Mx 20/Top 30 Cancel

Diagnosis for DAVID WELLINX

Edit 206.1 ACNE, OTHER (VULGARIS)
 Edit 401.1 BENIGN ESSENTIAL HYPERTENSION (HTN)
 Edit 477.8 ALLERGIC RHINITIS, CAUSE UNSPECIFIED

TETRACYCLINE 500MG
 TABLET
 +HYDROCHLOROTHIAZIDE
 25MG TABLET

Fig 10

Today Pt Search Logoff Done Add Dx Category/Search/Mx 20/Top 30 Cancel

116

Today Pt Search Logoff

Back Search Cancel

Diagnosis Categories

Abnormal Test Results
Blood Vessels, Edema, Lymph
Congenital
Diabetes
E-Codes (secondary diagnosis only)
Ear Nose Throat Mouth
Endocrine/Metabolic
Eyes
Gastrointestinal
Heart
Hematology Oncology

Infectious Diseases
Kidney/Nephrology
Lungs Allergy & Sleep
Miscellaneous
Mouth
Neurology
OB/GYN & Fetus/Newborn
Other V Codes
Pediatrics
Psychiatry
Skeletal Arm

Skeletal Axial
Skeletal Leg
Skeletal Musculoskeletal
Skin
Syndromes
Trauma
Urology
V Codes Top 15 (IM)
V Codes Personal Hx of Dz

Today Pt Search Logoff

Back Search Cancel

119

Fig 11

104440 09092500

123

Today Ft Search Logoff

Back Search Cancel

Diagnosis SubCategories: Neurology

- Epilepsy & Seizures
- Headache
- Infection
- Mentation

Movement & Tremors
Nerve Diseases
Other Neurology
Symptoms and Vagueness

[Today](#) [Pt Search](#) [Logoff](#)

[Back](#) [Search](#) [Cancel](#)

Fig 12

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Today Pt Search Logoff

Back Cancel

Diagnosis Description: Neurology : Headache

346.00	<u>CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE</u>
346.01	<u>CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED</u>
346.10	<u>COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE</u>
346.11	<u>COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED</u>
346.80	<u>MIGRAINE NEC/NOT INTRCBL</u>
346.91	<u>MIGRAINE, UNSPECIFIED, W/INTRACTABLE MIGRAINE</u>
346.90	<u>MIGRAINE, UNSPECIFIED W/O MENTION OF RETRACTABLE MIGRAINE</u>
346.81	<u>OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED</u>
310.2	<u>POSTCONCUSSION SYNDROME</u>
625.4	<u>PREMENSTRUAL TENSION SYNDROMES (PMS)(MENSTRUAL MIGRAINE)</u>
349.0	<u>REACTION TO SPINAL OR LUMBAR PUNCTURE (POST-SPINAL TAP HEADACHE)</u>
307.81	<u>TENSION HEADACHE</u>
047.9	<u>UNSPECIFIED VIRAL MENINGITIS</u>
346.21	<u>VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED (CLUSTER HEADACHE)</u>
346.20	<u>VARIANTS OF MIGRAINE-NOT INTRACTABLE (CLUSTER HEADACHE)</u>

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[Today](#) [Pt Search](#) [Logoff](#) [Help](#)

Diagnosis Search

Search Keyword |

⌕ Diagnosis Description Long Search

⌕ Diagnosis Description

⌕ ICD9 Code

[Back](#) [Submit](#) [Cancel](#)

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Fig 14

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[Today](#) [Pt Search](#) [Logoff](#)

[Back](#) [Search](#) [Cancel](#)

Doctor Top 20 Diagnoses

[HTN UNSPEC](#)

[KNEE PAIN](#)

[CRAMPS IN LIMB](#)

[FLU VACCINE](#)

[PNEUMOVAX/PREVNAR VACC](#)

[POSTMENOPAUS HORMONE RX](#)

[LAB EXAM](#)

[INSOMNIA NOS](#)

[ROUTINE MEDICAL EXAM](#)

[LIPOID METABOL DISORD NOS](#)

[DIARRHEA](#)

[SCREEN FOR PROSTATE CA](#)

[LONG TERM USE OF HI RISK RX](#)

[CVA](#)

[SHOULDER PAIN](#)

[LONG TERM USE OF ANTICOAG](#)

[SKIN LESION BENIGN NOS](#)

[SCREEN FOR RECTAL CA](#)

[OBESITY MORDIB](#)

[IRRITABLE BOWEL SYNDROME](#)

[Today](#) [Pt Search](#) [Logoff](#)

Fig 15

11/11/11 09:56:56

Fig 16

Today Pt Search Logoff

Back Search Cancel

Top 30 Diagnoses

A Fib
Allergic Rhinitis Unspec
Anemia
Anxiety
Asthma Extrinsic w/o Sa
BPH
Bronchitis acute
Chest Pain UNS
CHF
COPD

Depression
Diabetes
Dizziness
DJD UNS
Edema
GERD
Headache
HTN Benign
Hyperlipidemia
Hypothyroid primary

- Low Back Pain
- Malaise Fatigue
- Neck pain
- Otitis Media acute
- Pharyngitis acute
- Rash
- Sinusitis Acute Unspec
- Tobacco use
- URI
- UTI

[Today](#) [Ft Search](#) [Logoff](#)

Back Search Cancel

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162

- 144

142

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Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)

PT Info-

EB info

	Drug/Dosage Name	Price	SIG	Qty	Refills	PRN	
	Diuretics and beta blockers are first line therapy						
<u>Edit</u>	<u>ENALAPRIL (Vasotec) 10MG TABLET</u>		1 QD	90	3	N	<u>Drug Info</u>
<u>Edit</u>	<u>+ HCTZ (HydroDurl) 25MG TABLET</u>		1 QD	30	11	N	<u>Drug Info</u>
	<u>+ ATENOLOL (Tenormin)</u>						<u>Drug Info</u>
	<u>+ CAPTOPRIL (Capoten)</u>						<u>Drug Info</u>
<u>Edit</u>	<u>TRIAMTERENE/HCTZ 25/37 5MG TABLET</u>		1 QD	90	3	N	<u>Drug Info</u>
<u>Edit</u>	<u>ENALAPRIL (Vasotec) 20MG TABLET</u>		1 QD	90	3	N	<u>Drug Info</u>
<u>Edit</u>	<u>METOPROLOL SUCCINATE (Toprol XL)</u>		1 QD	30	11	N	<u>Drug Info</u>
<u>Edit</u>	<u>+ METOPROLOL 50MG TABLET</u>	10	1 BID	60	11	N	<u>Drug Info</u>
<u>Edit</u>	<u>+ LOPRESSOR 50MG TABLET</u>	10	1 BID	60	11	N	<u>Drug Info</u>
<u>Edit</u>	<u>DILACOR XR 120MG CAPSULE SA</u>		1 QD	90	3	N	<u>Drug Info</u>

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

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Fig 17

140 ↘

Fig 18

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)						PT Info	EB Info
	Drug/Dosage Name	Price	SIG	Qty	Refills	PRN	
Diuretics and beta blockers are first line therapy							
Edit	+ TENORMIN 50MG TABLET	10	1 QD	30	11	N	Drug Info
Edit	+ ATENOLOL 50MG TABLET	10	1 QD	30	11	N	Drug Info
Edit	ATENOLOL 100MG TABLET		1 QD	90	3	N	Drug Info
Edit	ATENOLOL 100MG TABLET		1 QD	100	3	N	Drug Info
Edit	ATENOLOL 100MG TABLET		1 QD	30	11	N	Drug Info
Edit	TENORMIN 100MG TABLET		1 QD	90	3	N	Drug Info

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

146 ↘

Today Pt Search Logoff

Cancel Search for Other Drug

Drug Classes

Diagnosis 348.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

EB Info

Acetaminophen	1	Class Info
+ Analgesic adjuncts	3	Class Info
+ Beta Blockers	5	Class Info
Calcium Channel Blockers	1	Class Info
GI-Prokinetic	1	Class Info
Headache - ergots	3	Class Info
Headache - other	8	
Headache - triptans	5	Class Info
+ NSAIDs	22	Class Info
Narcotics - Mild	8	Class Info
Salicylates	2	Class Info

Today Pt Search Logoff

Cancel Search for Other Drug

Fig 19

1507

Fig 20

ANALGESIC MEDICATIONS

Highlights

- Ultram 100mg = Tylenol 1000mg is as effective as ibuprofen 400mg [More info](#)
- Tramadol is less effective than $\frac{1}{4}$ in acute pain. [More info](#)
- Reasons to avoid Demerol [More info](#)

Contents

[Treatment options](#)[Acetaminophen](#)[Salicylates](#)[NSAIDs](#)[NSAID COX 2 Inhibitor](#)[Lower potency narcotics](#)[Stronger narcotics](#)[Adjunctive medications](#)[Websites](#)

Treatment options (refer to information presented in following sections for efficacy and dosing information)

Mild Pain - Acetaminophen, Salicylates, NSAIDs, Adjuvant Medications (selected situations such as neuropathic pain)

Moderate Pain - All of the above as well as weak opiate/opioid drugs (i.e. codeine, oxycodone)

Severe Pain - Strong Opiate/opioids (i.e. morphine, hydromorphone, levorphanol) +/- all of the above

- Chronic, continuous pain warrants use of scheduled administration times instead of prn dosing, and use of extended release analgesic preparations
- Immediate release (IR) dosage forms are appropriate for treatment of acute or episodic pain, or to improve analgesia during breakthrough pain
- NSAIDs in combination with opioids may be helpful for pain resulting from bone metastases
- Corticosteroids (i.e. dexamethasone) may be helpful for situations involving nerve compression or increased intracranial pressure
- Antidepressants and anticonvulsants have been used in neuropathic pain

1487

Fig 21

[Today](#) [Pt Search](#) [Logoff](#)

Drug Search

Drugs

☒ Brand or Generic (common meds only)

☐ Brand Name only (all meds)

☐ Drug Class

152

Fig 22

Today Pt Search Logoff

Back Search for Other Drug Cancel

Drug Names

Diagnosis 346.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

<u>CODEINE PHOSPHATE/APAP (Tylenol w/Cod)</u>	<u>Drug Info</u>
<u>HYDROCODONE/APAP (Vicodin)</u>	<u>Drug Info</u>
<u>PROPOXYPHENE (Darvon)</u>	<u>Drug Info</u>
<u>PROPOXYPHENE HCL/ACETAMINOPHEN (Darvocet)</u>	<u>Drug Info</u>
<u>PROPOXYPHENE HCL/ASA/CAFFEINE (Darvon Compd)</u>	<u>Drug Info</u>
<u>PROPOXYPHENE NAPSYLATE (Darvon N)</u>	<u>Drug Info</u>
<u>PROPOXYPHENE NAPSYLATE/APAP (Darvocet N)</u>	<u>Drug Info</u>
<u>TRAMADOL (Ultram)</u>	<u>Drug Info</u>

Today Pt Search Logoff

Back Search for Other Drug Cancel

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Fig 23

Today Pt Search Logoff

Back Search for Other Drug Cancel

Drug Dosage

Diagnosis 346.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

	Drug	Price	SIG	Qty	Refills	PRN	Info
<u>Edit</u>	<u>TYLENOL W/CODEINE ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>TYLENOL W/CODEINE #2 TABLET</u>		2 Q 4HR	60	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>TYLENOL W/CODEINE #3 TABLET</u>		1 Q 4HR	30	1	Y	<u>Drug Info</u>
<u>Edit</u>	<u>TYLENOL W/CODEINE #4 TABLET</u>		1 Q 4HR	30	0	Y	<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN/COD #3 TABLET</u>		1 Q 4HR	30	1	Y	<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN W/COD ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>TY-PAP W/CODEINE ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>MI-CODE ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN/CODEINE SOLN</u>						<u>Drug Info</u>
<u>Edit</u>	<u>ACETAMINOPHEN/COD ELIXIR</u>		5 Q 6HR	120	0	N	<u>Drug Info</u>

Today Pt Search Logoff

Back Search for Other Drug Cancel

152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000

1607

Fig 24

Primary Headache Disorders

Highlights

- Tailor migraine Rx to severity of headache or prior response [More info](#)
- Use abortive therapies no more often than twice weekly to prevent chronic daily headaches [More info](#)
- NSAIDs and Excedrin Migraine are first line for patients with mild-moderate migraine [More info](#)
- Use migraine-specific agents (triptans, DHE, ergotamine) in patients with more severe headaches or if unresponsive to NSAIDs and OTC analgesics [More info](#)
- Diclofenac K⁺ Equal efficacy but less nausea than sumatriptan 100mg [More info](#)
- NSAID/metoclopramide as effective as oral sumatriptan for moderate-severe migraine [More info](#)

Contents

Clinical features

Diagnosis

Medication overuse headache/rebound headache

Non-drug therapy

Dosage form selection for migraine

Abortive Therapy Table

Abortive Therapy Guidelines

Comparative studies of abortive drugs

Migraine Prophylaxis

Migraine Patient Talking Points

Treatment of tension-type headache

Treatment of cluster headache

Guidelines on the web

Triptans

Dihydroergotamine (DHE)

Patient Information

Clinical features (adapted from Mayo Clin Proc 1996;71:1055)

Feature	Migraine*	Tension-type headache	Cluster headache
Prevalence	Common	Common	Rare
Aura	Present in 15%	None	None
Site of pain	Hemicranial, bilateral	Bilateral, occipital, frontal	Unilateral, frontotemporal, periorbital

1647

Fig 25

163

- Diclofenac potassium: Equal efficacy but less nausea than sumatriptan 100mg (Anon. Cephalgia 1999;19(4) 232-40) Diclofenac potassium 50mg costs less than sumatriptan 100mg (less than \$2 vs \$34).
- ASA 800mg plus metoclopramide 10mg (<\$2) as effective as sumatriptan 100mg (\$32) in the treatment of moderate-severe migraine (Tfelt-Hansen P Lancet 1995;346:923-26) (Anon. Eur Neurol 1992;32:177-84)
- **SC sumatriptan associated with more headache recurrence than DHE nasal spray.** Sumatriptan 6mg SC provided better relief of headache and associated symptoms than DHE nasal spray 1mg, however headache recurred more commonly after treatment with sumatriptan (31% vs 17%). Because the dose of DHE used in this study is below the recommended dose of 2mg, it is difficult to compare the efficacy for headache relief (Touchon J. Neurology 1996;47:361-5) Patients with long duration headaches may benefit from intranasal DHE
- **Oral sumatriptan more effective than ergotamine/caffeine, but has higher recurrence rate.** In a RCT involving 466 patients, improvement in pain at 2 hours occurred in 66% of patients treated with oral sumatriptan vs 48% of patients treated with a combination of ergotamine and caffeine (Cafergot®). However, headaches recurred in 41% in the sumatriptan group, compared to 30% of the ergotamine/caffeine group. Side effects were comparable (Anon. Eur Neurol 1991 31:314-22)

Migraine Prophylaxis

- [General information](#)
- [Guidelines](#)
- [Drug table](#)

1677

Fig 26

Acute treatment of migraine attacks: efficacy and safety of a nonsteroidal anti-inflammatory drug, diclofenac-potassium, in comparison to oral sumatriptan and placebo

Anon Cephalalgia 1999,19(4):232-40

Study design: Double-blind, cross-over RCT in 156 adults with migraine +/- aura (2-6 migraines/month)

Intervention: diclofenac-K 50mg vs diclofenac-K 100mg vs sumatriptan 100mg vs placebo (all patients received all four treatments over a period of 3 months)

Results: Headache pain 2 hr after dosing (based on VAS): both doses diclofenac and sumatriptan superior to placebo, diclofenac 50mg=100mg, both doses diclofenac=sumatriptan. Active treatments equally effective to each other and superior to placebo over 8 hour observation period. Significant pain relief occurred at 60 min with diclofenac vs. 90 min with sumatriptan. There was no difference between active treatment groups in the use of rescue medication (36% vs 41%). There was no difference between groups in rate of headache recurrence (22-24% for diclofenac, 26% for sumatriptan, and 19% for placebo), however the increased use of rescue medication in the placebo group could have confounded these results. At 2 hr after dosing, there was less nausea in diclofenac groups compared to sumatriptan and placebo groups (22-27% vs 41-43%). At 8 hr after dosing, there was less nausea in the diclofenac and sumatriptan groups compared to placebo (diclofenac 15-19%, sumatriptan 28%, placebo 39%). At 2hr after dosing, there was less vomiting in the diclofenac and placebo groups compared to the sumatriptan group (2hr: 3-7% vs 13%). At 8hr after dosing, vomiting was decreased in the diclofenac groups compared to sumatriptan (2-4% vs 10%). More adverse events occurred in the sumatriptan group compared to the other groups (31% vs 12-18%), however there was no difference in the rate of discontinuation due to adverse events. Dizziness, paresthesia, asthenia, and tachycardia appeared to occur more commonly in the sumatriptan group.

Comments: Severity of migraines and some pertinent baseline characteristics (i.e. number of headaches treated, use of prophylactic medications) not described. Did not report % of patients with relief of headache pain.

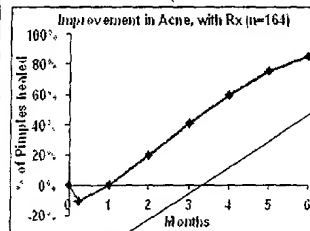
Conclusion: This study demonstrated equivalence of diclofenac-K and high-dose sumatriptan for headache relief, with a slightly faster onset for diclofenac. Nausea and vomiting were reduced in the diclofenac groups compared to the sumatriptan group.

Return to Topic

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Fig 27

Talking Points with Patients



The patient educational handouts emphasize the following points

1. It is important to guide expectations at the outset, to allow 6 months for medications to work. This figure is of 164 pts treated with tretinoin or tretinoin and oral minocycline. In time, most patients achieve successful outcomes. But those patients who cannot accept the need to wait 3 to 5 months for results will usually be disappointed. Adapted from Cunliffe, WJ J Eur Acad Derm 1992; 1 43-52 and Katsambas et al Acta Derm Vener 1989 S143 35-9
2. Stress compliance with Rx in light of anticipated initial worsening
3. Discourage excessive washing/scrubbing of face. Medicated soaps are a waste of money

Printable flow sheet for chart:

Print

- 172 -
- ☐ Acne Lesion Flow Sheet (1 page) provides a quantitative objective scoring system for assessing acne
 - ☐ Acne Disability Questionnaire (1 page) attempts to authentically represent the importance of a patient's acne to him or her
 - ☐ Acne Patient Handout (4 pages) describing the disease and general treatment options
 - ☐ Acne Patient Handout (7 pages) includes Rx's

Other Internet Links of value:

- 174 -
- ☐ http://www.shinsite.com/info_accutane.htm A link to patient information about isotretinoin (Accutane)
 - ☐ <http://www.rocheusa.com/products/accutane/pi.html> A link to the Roche website about Accutane. It contains the patient consent form for starting isotretinoin, along with information for the patients about side effects
 - ☐ <http://www.fda.gov/cder/drug/infopager/accutane/default.htm> A link to the FDA's Accutane information Website

Print Now

178 7

F.g 28

PATIENT CONSENT FORM:

To be completed by the patient, her parent/guardian* and signed by her prescriber.

Please read each item below and initial in the space provided to indicate that you understand each item and agree to follow your prescriber's instructions. **DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND.** A parent or guardian of a minor patient must also read and understand each item before signing the consent.

1. I, _____
(Patient's Name)
understand that Accutane is a very powerful medicine with the potential for serious Adverse Effects that is used to treat severe nodular acne that did not get better with other treatments including oral antibiotics
INITIALS: _____
2. I understand that I must not take Accutane (isotretinoin) if I am pregnant. I understand that I must not take Accutane if I am able to become pregnant and I am not using the required two separate forms of effective methods of birth control
INITIALS: _____
3. I understand from my prescriber that although not every fetus exposed to Accutane has resulted in a deformed child, there is an extremely high risk that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking Accutane in any amount even for short periods of time. Potentially any fetus exposed during pregnancy can be affected.

112 7

184 F.g 29 186

New Rx for Same Dx **Rx Complete** Cancel

Rx for DAVID WELLINX by MARCUS WELBY

Drug	HYDROCHLOROTHIAZIDE 25MG TAB	Substitution Permitted
Dose	1 TABS (ORAL)	Frequency QD
Dispense	30 EA	Refill 11
Instructions		Fill Method PRN Indic Fax pm in office

180 182

10440 665280

29

Dx	Dx Descript.	Major Cat.	SUB Cat	DWST

Fig 30

171

DWST	HEADLINE	ES INFO	Pt Info	REV

Fig 31

11

Pt	Dx	Prescription Details	STOP REASON

Fig 32